



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R12/11-04)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

## Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

12

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

### COMMITTEE INFORMATION

1. Full name of committee (as on Statement of Organization) ☐ Check if this is a new name

Doug Carter for Sheriff

2. Acronym or abbreviated name, if any

3. Committee telephone number

(317) 984-5449

4. Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

610 Morse Landing Drive

5. City, state, ZIP code

Cicero IN 46034

6. Party affiliation (if applicable)

Republican

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full name of candidate (include any nickname)

Douglas G. Carter

8. Party affiliation or if independent candidate

Republican

9. Office sought (Include district number, if any. **Not required for exploratory committee.**)

Hamilton County Sheriff

10. County of residence Hamilton

### TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other \_\_\_\_\_  
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

### CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention  
☐ Post-Convention

12. Reporting Period:

From: January 1, 2004

Through: December 31, 2004

COLUMN A  
This Period

COLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

\$29.59

14. Cash on hand and investments January 1, current year.

\$29.59

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

\$11,000.00

\$11,000.00

15b. Unitemized

-0-

-0-

15c. Add lines 15a and 15b in both columns

SUBTOTAL

\$11,000.00

\$11,000.00

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

\$11,029.59

\$11,029.59

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

\$4,957.24

\$4,957.24

17b. Unitemized

-0-

-0-

17c. Add lines 17a and 17b in both columns

SUBTOTAL

\$4,957.24

\$4,957.24

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

\$6,072.35

\$6,072.35

19. Debts OWED BY the committee (use Schedule D)

-0-

20. Debts OWED TO the committee (use Schedule E)

-0-

### CERTIFICATION

FOR OFFICE USE ONLY

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT TO THE BEST OF MY KNOWLEDGE AND BELIEVE IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

WARNING: Any information furnished in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16 IC 3-9-4-17 IC 3-9-4-18)



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R12/11-04)  
Election Commission (IC 3-9-5-14)

Indiana

## (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 1 of 3

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)  | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|--|---|-----------------------------------|--|---------------------------------|
| 1.<br>Brett A. Pfeffer<br>1260 Laurelwood<br>Carmel IN 46032-8752<br><br>Contributor's Occupation (if required) Business Consultant                                | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$1,000.00                        | \$1,000.00                             | 7/27/04<br><br>BAW              |
| 2.<br>James A. Brown<br>1442 Clearwater Court<br>Carmel IN 46032<br><br>Contributor's Occupation (if required) Warehousing   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$1,000.00                        | \$1,000.00                             | 6/29/04<br><br>BAW              |
| 3.<br>Gerald A. Kosene<br>4495 Saguaro Trail<br>Indianapolis IN 46268-2555<br><br>Contributor's Occupation (if required) Real Estate Developer                     | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$1,000.00                        | \$1,000.00                             | 7/2/04<br><br>BAW               |
| 4.<br>Yousuf Mahomed<br>13522 Brentwood Lane<br>Carmel IN 46033<br><br>Contributor's Occupation (if required) Medical Doctor                                       | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$1,000.00                        | \$1,000.00                             | 7/2/04<br><br>BAW               |
| 5.<br>Darroll P. French<br>8888 Keystone Crossing, Suite 1590<br>Indianapolis IN 46240<br><br>Contributor's Occupation (if required) Independent Business Investor | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$1,000.00                        | \$1,000.00                             | 7/7/04<br><br>BAW               |
| SUBTOTAL THIS PAGE OF SCHEDULE A   |   | \$5,000.00                        |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)   |   | \$                                |  |                                 |

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**State Form 4606 (R12/11-04)  
Election Commission (IC 3-9-5-14)

Indiana

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 2 of 2

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)                             | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|---|---|-----------------------------------|--|---------------------------------|
| 1.<br>Martin P. Gregor<br>13027 Brighton Avenue<br>Carmel IN 46032<br><br>Contributor's Occupation (if required) Financial Consultant | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$1,000.00                        | \$1,000.00                             | 8/18/04<br><br>BAW              |
| 2.<br>INTENTIONALLY LEFT BLANK<br><br>Contributor's Occupation (if required)  | Contributions:<br>Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)                                     |                                   |  |                                 |
| 3.<br>INTENTIONALLY LEFT BLANK<br><br>Contributor's Occupation (if required)  | Contributions:<br>Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)                                     |                                   |  |                                 |
| 4.<br>INTENTIONALLY LEFT BLANK<br><br>Contributor's Occupation (if required)  | Contributions:<br>Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)                                     |                                   |  |                                 |
| 5.<br>INTENTIONALLY LEFT BLANK<br><br>Contributor's Occupation (if required)  | Contributions:<br>Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)                                     |                                   |  |                                 |
| SUBTOTAL THIS PAGE OF SCHEDULE A  |   | \$1,000.00                        |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)                              |   | \$                                |  |                                 |

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R12/11-04)

Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-2)  
CONTRIBUTIONS BY CORPORATIONS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE.** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 1 of 1

| CONTRIBUTOR'S FULL NAME AND<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)                | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED         |
|---|---|-----------------------------------|--|--------------------------|
|   |   |                                   |  | RECEIVED BY              |
| 1.<br>Hare Chevrolet, Oldsmobile<br>2001 Stoney Creek Road<br>P O Box 1957<br>Noblesville IN 46061            | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$1,000.00                        | \$1,000.00                             | July 1, 2004<br><br>BAW  |
| 2.<br>Summit Financial Partners, LLC<br>510 East 96 <sup>th</sup> Street, Suite 125<br>Indianapolis IN 46240  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$1,000.00                        | \$1,000.00                             | June 27, 2004<br><br>BAW |
| 3.<br>Tancredi Development Group<br>510 East 96 <sup>th</sup> Street, Suite 125<br>Indianapolis IN 46240-3787 | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$1,000.00                        | \$1,000.00                             | June 26, 2004<br><br>BAW |
| 4.<br>Mahomed Sales & Warehousing LLC<br>8258 Zionsville Road<br>Indianapolis IN 46268                        | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$1,000.00                        | \$1,000.00                             | July 2, 2004<br><br>BAW  |
| 5.<br>Vision Concepts LLC<br>3737 Waldemere Road<br>Indianapolis IN 46241                                     | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$1,000.00                        | \$1,000.00                             | July 1, 2004<br><br>BAW  |
| SUBTOTAL THIS PAGE OF SCHEDULE A  |   | \$5,000.00                        |  |                          |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY  |   | \$                                |  |                          |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R12/11-04)

Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-3)  
CONTRIBUTIONS BY  
LABOR ORGANIZATIONS**

**Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE.** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 1 of 1

| CONTRIBUTOR'S FULL NAME AND<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)           | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|--|--|-----------------------------------|--|---------------------------------|
| 1.<br>NO CONTRIBUTIONS WERE RECEIVED FROM LABOR<br>ORGANIZATIONS   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)<br>_____ |                                   |  |                                 |
| 2.<br>INTENTIONALLY LEFT BLANK   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)<br>_____ |                                   |  |                                 |
| 3.<br>INTENTIONALLY LEFT BLANK   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)<br>_____ |                                   |  |                                 |
| 4.<br>INTENTIONALLY LEFT BLANK   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)<br>_____ |                                   |  |                                 |
| SUBTOTAL THIS PAGE OF SCHEDULE A   |  | \$ -0-                            |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |  | \$                                |  |                                 |





**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R12/11-04)

Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-4)  
CONTRIBUTIONS BY  
POLITICAL ACTION COMMITTEES  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE.** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 1 of 1

| CONTRIBUTOR'S FULL NAME AND<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)           | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED |
|--|--|-----------------------------------|--|------------------|
|  |  |                                   |  | RECEIVED BY      |
| 1.<br>NO CONTRIBUTIONS WERE RECEIVED FROM<br>POLITICAL ACTION COMMITTEES                                 | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) |                                   |  |                  |
| 2.<br>INTENTIONALLY LEFT BLANK   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) |                                   |  |                  |
| 3.<br>INTENTIONALLY LEFT BLANK   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) |                                   |  |                  |
| 4.<br>INTENTIONALLY LEFT BLANK   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) |                                   |  |                  |
| SUBTOTAL THIS PAGE OF SCHEDULE A   |  | \$ -0-                            |  |                  |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |  | \$                                |  |                  |

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R12/11-04)

Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY  
OTHER ORGANIZATIONS****Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 1 of 1

| CONTRIBUTOR'S FULL NAME AND<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)           | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|--|--|-----------------------------------|--|---------------------------------|
| 1.<br>NO CONTRIBUTIONS WERE RECEIVED FROM<br>OTHER ORGANIZATIONS   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) |                                   |  |                                 |
| 2.<br>INTENTIONALLY LEFT BLANK   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) |                                   |  |                                 |
| 3.<br>INTENTIONALLY LEFT BLANK   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) |                                   |  |                                 |
| 4.<br>INTENTIONALLY LEFT BLANK   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) |                                   |  |                                 |
| 5.<br>INTENTIONALLY LEFT BLANK   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) |                                   |  |                                 |
| SUBTOTAL THIS PAGE OF SCHEDULE A   |  | \$ -0-                            |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |  | \$11,000.00                       |  |                                 |



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R12/11-04)

Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page 1 of 2

| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)  | RECIPIENT'S OCCUPATION   | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|--|--|--|-----------------------------------|--|------------------------|
|  | OFFICE SOUGHT (if applicable)                                      |  |                                   |  |                        |
| Code <u>O</u><br>Stephanie Smith<br>P O Box 477<br>Arcadia IN 46030  | Deputy Prosecutor<br>Hamilton County, Indiana                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br>X Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>Repay debt from prior period                | \$637.39                          | \$637.39                               | 7/18/04                |
| Code <u>A</u><br>Hamilton County Republican Central Comm.<br>255 south 10 <sup>th</sup> Street<br>Noblesville IN 46060 | Political Committee  | X Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: Hole Sponsor for golf outing                   | \$250.00                          | \$250.00                               | 9/8/04                 |
| Code <u>O</u><br>Dell Marketing, LP<br>P O Box 802816<br>Chicago IL 60680-2816   | Computer Sales   | X Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: Purchase computer<br>And printer for committee | \$1,657.85                        | \$1,657.85                             | 9/9/04                 |
| Code <u>C</u><br>Robin Muller for Auditor<br>23015 Overdorf Road<br>Cicero IN 46034                                    | Auditor<br>Hamilton County, Indiana<br><br>Hamilton County Auditor | X Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>TRANSFER OUT                                | \$500.00                          | \$500.00                               | 9/13/04                |
| Code <u>C</u><br>Hamilton County Republican Central Comm.<br>255 south 10 <sup>th</sup> Street<br>Noblesville IN 46060 | Political Committee  | X Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: Annual dinner<br>TRANSFER OUT                  | \$400.00                          | \$400.00                               | 12/7/04                |
| Code _____   |  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                         |                                   |  |                        |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>  |  |  | \$3,445.24                        |  |                        |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br>(Enter total on ITEM 17a of the Summary Sheet)        |  |  | \$                                |  |                        |





# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R12/11-04)

Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (*such as transfers-out from candidate, legislative caucus, political action, or regular party committees*) **MUST** be itemized on this schedule.

FILE NUMBER

Page 2 of 2

| RECIPIENT'S NAME AND MAILING ADDRESS)<br>(street, number, city, state, ZIP code)                                   | RECIPIENT'S OCCUPATION                         | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|--|--|--|-----------------------------------|--|------------------------|
|  | OFFICE SOUGHT (if applicable)                  |  |                                   |  |                        |
| Code <u>  O  </u><br>Mahomed Sales & Warehousing, LLC<br>8256 Zionsville Road<br>Indianapolis IN 46268             | Warehousing                                    | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input checked="" type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: Sent in error with personal contribution | \$1,000.00                        | \$1,000.00                             | 7/18/04                |
| Code <u>  O  </u><br>First Indiana Bank<br>135 North Pennsylvania Street<br>Indianapolis IN 46204                  | Banking  | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: Service fees                             | \$12.00                           | \$12.00                                | Various                |
| Code <u>  C  </u><br>Mitch for Governor Campaign Committee<br>1032 East Washington Street<br>Indianapolis IN 46202 | Political Candidate<br><br>Governor of Indiana | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: Campaign contribution, Transfer Out      | \$500.00                          | \$500.00                               | 10/15/04               |
| Code _____   |  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:   |                                   |  |                        |
| Code _____   |  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:   |                                   |  |                        |
| Code _____   |  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:   |                                   |  |                        |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>  |  |  | \$1,512.00                        |  |                        |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br>(Enter total on ITEM 17a of the Summary Sheet)    |  |  | \$4,957.24                        |  |                        |

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R12/11-04)

Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE C)  
ITEMIZED EXPENDITURES  
For Public Questions**

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, **MUST** be itemized on this schedule.

FILE NUMBER

Page 1 of 1

**PUBLIC QUESTION INFORMATION**

Enter Text of Public Question

Type of Question: ☐ Statewide ☐ LocalPosition: ☐ Supported ☐ Opposed

| RECIPIENT'S NAME AND MAILING ADDRESS)<br>(street, number, city, state, ZIP code)                                | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|---|------------------------|--|-----------------------------------|--|------------------------|
| Code _____<br>NO EXPENDITURES WERE MADE FOR<br>PUBLIC QUESTIONS   |                        | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: |                                   |  |                        |
| Code _____<br>INTENTIONALLY LEFT BLANK  |                        | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: |                                   |  |                        |
| Code _____<br>INTENTIONALLY LEFT BLANK  |                        | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: |                                   |  |                        |
| Code _____<br>INTENTIONALLY LEFT BLANK  |                        | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: |                                   |  |                        |
| Code _____<br>INTENTIONALLY LEFT BLANK  |                        | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: |                                   |  |                        |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE C</b>   |                        |  | \$ -0-                            |  |                        |
| <b>TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY</b><br>(Enter total on ITEM 17a of the Summary Sheet) |                        |  | \$ -0-                            |  |                        |

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**State Form 4606 (R12/11-04)  
Indiana Election Commission (IC 3-9-5-14)**(CFA-4 SCHEDULE D)  
DEBTS OWED BY THIS COMMITTEE**

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 1 of 1

| CREDITOR'S OR LENDER'S NAME<br>& MAILING ADDRESS<br>(street, number, city, state, ZIP code)             | ENDORSER'S OR VENDOR'S<br>NAME & MAILING ADDRESS (if any)<br>(street, number, city, state, ZIP code) | AMOUNT         | DATE DEBT<br>INCURRED | CUMULATIVE<br>PAID<br>YEAR-TO-DATE | OUTSTANDING<br>BALANCE THIS<br>PERIOD |
|---|--|----------------|-----------------------|------------------------------------|---------------------------------------|
|   |  | NATURE OF DEBT |                       |                                    |                                       |
| NONE  |  |                |                       |                                    |                                       |
|   |  |                |                       |                                    |                                       |
| LENDER'S OCCUPATION:  |  |                |                       |                                    |                                       |
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|   |  |                |                       |                                    |                                       |
| LENDER'S OCCUPATION:  |  |                |                       |                                    |                                       |
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|   |  |                |                       |                                    |                                       |
| LENDER'S OCCUPATION:  |  |                |                       |                                    |                                       |
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|   |  |                |                       |                                    |                                       |
| LENDER'S OCCUPATION:  |  |                |                       |                                    |                                       |
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|   |  |                |                       |                                    |                                       |
| LENDER'S OCCUPATION:  |  |                |                       |                                    |                                       |
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|   |  |                |                       |                                    |                                       |
| LENDER'S OCCUPATION:  |  |                |                       |                                    |                                       |
| SUBTOTAL THIS PAGE OF SCHEDULE D  |  |                |                       |                                    | \$ -0-                                |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY<br>(Enter total on ITEM 19 of the Summary Sheet) |  |                |                       |                                    | \$ -0-                                |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R12/11-04)  
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE E)  
DEBTS OWED TO THIS COMMITTEE**

FILE NUMBER

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

Page 1 of 1

| BORROWER'S NAME<br>& MAILING ADDRESS<br>(street, number, city, state, ZIP code)                         | CO-SIGNER'S NAME<br>& MAILING ADDRESS (if any)<br>(street, number, city, state, ZIP code) | ORIGINAL AMOUNT | DATE DEBT<br>INCURRED | CUMULATIVE<br>PAID<br>YEAR-TO-DATE | OUTSTANDING<br>BALANCE THIS<br>PERIOD |  |  |  |
|---|---|-----------------|-----------------------|------------------------------------|---------------------------------------|--|--|--|
|   |   | NATURE OF DEBT  |                       |                                    |                                       |  |  |  |
| NONE  |   |                 |                       |                                    |                                       |  |  |  |
|   |   |                 |                       |                                    |                                       |  |  |  |
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|   |   |                 |                       |                                    |                                       |  |  |  |
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|   |   |                 |                       |                                    |                                       |  |  |  |
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|   |   |                 |                       |                                    |                                       |  |  |  |
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|   |   |                 |                       |                                    |                                       |  |  |  |
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|   |   |                 |                       |                                    |                                       |  |  |  |
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|   |   |                 |                       |                                    |                                       |  |  |  |
|   |   |                 |                       |                                    |                                       |  |  |  |
| SUBTOTAL THIS PAGE OF SCHEDULE E  |   |                 |                       |                                    | \$ -0-                                |  |  |  |
| TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY<br>(Enter total on ITEM 20 of the Summary Sheet) |   |                 |                       |                                    | \$ -0-                                |  |  |  |